



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**THIAZOLE, IMIDAZOLE AND OXAZOLE COMPOUNDS AND
TREATMENTS OF DISORDERS ASSOCIATED WITH PROTEIN AGING**

(check one)

- is attached hereto
- was filed on: **January 19, 2001**
- Application Serial No: **09/766,547**
and was amended on: **(if applicable)**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

<u>Number</u>	<u>Country</u>	<u>Date Filed</u> (mo/day/year)	<u>Priority Claimed</u> (yes or no)
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I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this

application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>Application Serial No.</u>	<u>Filing Date</u>
60/176,995	January 19, 2000
60/183,274	February 17, 2000
60/(501 P/B)	December 29, 2000
60/(501 P/C)	January 2, 2001
60/(511 P)	January 2, 2001
60/(511 PA)	January 2, 2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Any attorney associated with Customer No. 25561

Send Correspondence to:

The address associated with Customer No. 25561

Direct Telephone Calls to:

Dechert

(609) 620-3200

Full name of Inventor:	Dilip Wagle
First Inventor's signature:	<u>Dilip R. Wagle.</u>
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Second Inventor's signature:	<u>Sara Vasa —</u>
Date:	<u>8/1/01</u>
City and State of Residence:	<u>New York, NY 10016</u>
Citizenship:	<u>USA</u>
Post Office Address:	<u>150 East 30th St, # 2E</u>
	<u>New York, NY 10016</u>
Full name of Inventor:	Jack Egan
Third Inventor's signature:	_____
Date:	_____
City and State of Residence:	_____
Citizenship:	_____
Post Office Address:	_____



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Send Correspondence to:

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Dechert

(609) 620-3200

Full name of Inventor: Dilip Wagle

First Inventor's signature: _____

Date: _____

City and State of Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of Inventor: Sarah Vasan

Second Inventor's signature: _____

Date: _____

City and State of Residence: _____

Citizenship: _____

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